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UTILITY PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 CFR 1.53(b))

	•	5. PTO 538	
Attorney Docket No.	00862.100124.	31.8	
First Name	d Inventor or Application Identifier	 7	
TOMOKO ADACHI		285 10	
Express Mail Label No.		 N	1

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	PLICATION ELEMEN Concerning utility patent ap			ADDRI	ESS TO:	Commissi P.O. Box	Patent Application oner for Patents 1450 a, VA 22313-1450
1. Fee Transmi (Submit an orig	ttal Form ginal, and a duplicate for fee pro-	cessing)		7.	CD-ROM or Program (A		e, large table or Computer
2. Applicant cla See 37 CFR	ims small entity status. 1.27.			8.		and/or Amino Acid e, all necessary)	Sequence Submission
3. X Specification	Total Pag	es 35			a C	Computer Readable	e Form (CRF)
4. X Drawing(s) (3					i(ation Sequence Lis CD-ROM or CD-R paper	
	·						g identity of above copies
a. X Ne	wly executed (original or co	py)	Г			PANYING APPLIC	-
[] (fo	DELETION OF INVISIONAL STATE OF THE STATE OF	Box 17 completed) ENTOR(S) ched deleting ne prior application, s I 1.33(b).	see	9. X 10. 11. 12. 13. 13.	Assignment I 37 CFR 3.73 (when there English Trai Information Statement (Preliminary	Papers (cover sheet of the cover	& document(s)) Power of Attorney t (if applicable) Copies of IDS Citations
)				14. X 15 16	(Should be Certified Co	specifically itemize opy of Priority Docu riority is claimed)	ed)
17 If a CONTINUUNG	APPLICATION check appl	onriete hov and su	unnly th	e mauisite	information:		
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Examiner Continuation-in-part (CIP) of prior application No/ Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only							
	tion has been inadvertently or					ipolated by relevene	o. The mostporation can only
18. CORRESPONDENCE ADDRESS							
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below							
NAME							
Address							
City		State				Zip Code	
Country		Telephone				Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	19-20 =	0	X \$ 18.00 =	\$ -0-
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 86.00 =	\$ 86.00
	MULTIPLE DEPENDEN	T CLAIMS (if applicable) (37	CFR 1.16(d))	\$290.00 =	\$ -0-
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00
			Total of	above Calculations =	\$ 856.00
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	.27, 1.28).	
				TOTAL =	\$ 856.00
9. Sn a.		ntity statement is enclose			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Carl B. Wischhusen (Reg. No. 43,279)			
SIGNATURE	lad B. Wischhuser			
DATE	February 19, 2004			